



FLORIDA DEPARTMENT OF HEALTH

SARS: FACILITY READINESS ASSESSMENT TOOL

COMMAND & CONTROL

- ☐ I have identified the Incident Commander (IC) and core team members that will have complete authority over my organizations' response.
- ☐ I have identified the SARS surveillance liaison that has been appointed for each shift.
- ☐ I have knowledge of the plan for restricting staff and patient movement between or among subdivisions (wings, floors or services).
- ☐ I have knowledge of the plan to eliminate the movement of staff between facilities.

LEGAL AND POLICY ISSUES

- ☐ I have knowledge of the draft or formally-adopted epidemic SARS plan.
- ☐ I have reviewed with legal counsel issues, authority, and areas of concern regarding the use of quarantine.
- ☐ I have reviewed with legal counsel agreements relating to overtime and/or flexibility of hours for staff during public health emergencies. [public health/hospitals/public safety/emergency management]
- ☐ I have reviewed with legal counsel potential EMTALA implications of a community-wide EMS protocol for transport of SARS patients (e.g., protocol requiring transport of SARS patients to a hospital or facility other than the hospital that owns the ambulance). [public health/hospitals/emergency management]

SURGE CAPACITY

- ☐ I know how to access current recommendations on treatment of SARS cases and prevention of transmission. I have informed all key personnel to review the CDC website daily for changes.
- ☐ I have knowledge of how my organization has identified ways to augment medical, nursing, and other health care staffing to maintain appropriate standards of care during an epidemic.
- ☐ I have knowledge of the plan for ensuring that appropriate personal protective equipment, including N-95 or higher level respirators, is made available for persons whose job requires exposure to people with SARS, and that needed training and fit-testing are provided.
- ☐ I know where the CDC and DOH SARS information websites are posted.

LAB/SURVEILLANCE

- ☐ My staff is well versed on the reporting process and is able to identify where this information has been posted.
- ☐ I know where the current laboratory testing protocols are posted.
- ☐ I know where the SARS diagnostic worksheets are available for each surveillance liaison.
- ☐ I know who the organization and appropriate services have assigned to monitor and contribute to EpiCom.

COMMUNICATIONS AND EDUCATION

- ☐ I have clearly articulated the key message for our organization and will incorporate the use of universal precautions with each delivery.
- ☐ I know personally the key individuals from public health agencies, the medical community, and the political community with whom I will need to communicate during an epidemic.
- ☐ I have updated all contact sheets and have posted the number to the local county health department (CHD).
- ☐ I have opened a regular channel of communication and begun educating chief executive officers of health care organizations on epidemic SARS (including management of patients in health care settings, health care worker protection, physical facility needs, voluntary or forced furloughs of exposed workers, etc.).
- ☐ I know who the spokesperson for my facility is and as the primary public spokesperson for my organization during an epidemic, that person is ready to clearly and consistently answer the following types of questions:
 - a. How is the SARS-associated coronavirus (SARS-CoV) transmitted?
 - b. How long are people infectious after they have SARS?
 - c. What is isolation? What is quarantine?
 - d. What is the justification for isolation of cases and quarantine of contacts?
 - e. What is the legal authority for isolation of cases and quarantine of contacts?
 - f. What is the difference between a probable and a suspected SARS case?
 - g. Who should be tested for the SARS-associated coronavirus?
 - h. What can members of the public do to protect themselves?
 - i. In the event a vaccine or antiviral treatment becomes available, what specific priority groups might be vaccinated or treated first?
- ☐ I have seen the telephone numbers of the CHD and the DOH Bureau of Epidemiology [(850) 245-4401] posted conspicuously in the emergency and infection control departments.
- ☐ The current CDC case definition is posted and is widely available to clinicians and nursing staff in my area.
- ☐ I have been informed that the organization has notified the CHD and the DOH Bureau of Epidemiology of an emergency fax number.